Instructions for the Client Related Travel Card/CBA Log
(Form DCFS TCF3)
NOTE: For Client Related Use Only

NOTE: A separate log must be completed for each Travel Card or CBA account. Do not combine Travel Card and CBA transactions on the same log.

1. **Type of Account:** Select Travel Card or CBA.

2. **Cardholder Name:** Employee's name that is responsible for charges made with the Travel card or office name as printed on the CBA account.

3. **Cardholder/CBA Account#:** Last eight digits of the Travel Card or CBA account number. Never enter the full account number.

4. **Accounting Code:** If Type of Account is Travel Card the default accounting code for each appropriated program will consist of ISIS Fund 360, ISIS Agency Number 360, the default ISIS Organization Number (which consists of TRV and the first digit of the three digit ISIS Appropriation Unit Number i.e. TRV1 for Appropriation 100, TRV2 for Appropriation 200, etc.), and the default ISIS Object Code 2670. The default code is based on the Cardholders assigned office. The appropriation unit can be obtained from the Unit Budget Head.

    If Type of Account is CBA the default accounting code for each appropriated program will consist of ISIS Fund 360, ISIS Agency Number 360, the default ISIS Organization Number (which consists of T and the three digit ISIS Appropriation Unit Number i.e. T100 for Appropriation 100, T200 for Appropriation 200, etc.), and the default ISIS Object Code 2680. The appropriation unit can be obtained from the Unit Budget Head.

5. **Statement Date:** Statement date printed on the Bank of America Credit Card statement.

6. **Report Date:** Date the log is completed.

7. **TIPS 212 Doc#(s):** Enter all relevant TIPS 212 document numbers entered for the monthly statement charges. The sum total of all TIPS 212 documents must equal the total dollar amount on the monthly Credit ` Card statement.

8. **Total:** This must equal the sum total of Page 1 and Page 2 of the log.

9. **Trans. Date:** The date of the transaction or credit as it appears on the receipt.

10. **Merchant Name:** The vendor from whom service/items were purchased.

11. **Description:** Identify what the transaction was for (i.e. Hotel, Vehicle rental, Airfare).

12. **Amount:** The total amount of the transaction per receipt. Credit amounts should be entered with parenthesis around the amount. For example, a credit of $50 should be written as ($50).

13. **Employee/Client Name:** An employee name is required for CBA charges. Enter the client name for all client related transactions.

14. **P#/TIPS#:** Enter the employee's personnel number as it is listed in DCFS Human Resources records for CBA charges. Enter the client TIPS# and initials for all client related transactions.

15. **TIPS 213 Doc#:** Enter any TIPS 213 document numbers that relate to the Credit Card transactions in this column. For example, if reimbursement of incidental expenses was requested through TIPS 213 documents, list those documents numbers on the Travel Card log.

16. **Comments:** Enter any comments as needed for clarification or special handling. For example, if the Cardholder determines that a transaction is disallowed or disputed, "DISALLOWED" or "DISPUTED" should be written on the log.

17. **Gray Shaded Area:** This column is used by DCFS Fiscal Services Section to note that the transactions have been reviewed and reconciled. The reviewer must place his/her initials in this column.

18. **Total Page 1:** This must equal the subtotal of all charges and credits listed on Page 1 only.

19. **Total Page 2:** This must equal the subtotal of all charges and credits listed on Page 2 only.

20. **Cardholder/CBA Authorizer Signature:** Cardholder or CBA Authorizer signature certifying the documentation and information on the log.

21.   **Telephone Number:** Contact or office phone number of the Cardholder or CBA Authorizer.

22.   **Date:** Date the log was signed by the Cardholder of CBA Authorizer.

23.   **Supervisor Name:** Printed name of the Supervisor signing the log.

24.   **Supervisor Signature:** Supervisor signature certifying the documentation and information on the log.

25.   **Telephone Number:**   Contact or office phone number of the Supervisor.

26.   **Date:** Date the log was signed by the supervisor.